PART B - FEE(S) TRANSMITTAL

Alexandria, Virginia 22313-1450

| | | | or rax (s | /1)-2/3-2003 | | | | |
|--|---|---|---|--|---|--|--|--|
| INSTRUCTIONS: This f appropriate. All further co indicated unless corrected maintenance fee notification | orrespondence includir below or directed of | for transmitting the ISS ng the Patent, advance herwise in Block I, by | orders and notification of (a) specifying a new corre | maintenance fees v spondence address | vill be mailed to the ci ; and/or (b) indicating | th 5 should be completed whe urrent correspondence address a a separate "FEE ADDRESS" for | | |
| CURRENT CORRESPONDED | CE ADDRESS (Note: Use B | lock I for any change of address) | No Far | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying | | | | |
| | | | pag | papers. Each additional paper, such as an assignment or formal drawing, mus | | | | |
| | | | | | papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission. Filed EFS Web Filing Certificate of Mailing or Transmission | | | |
| ALSTON & BII | | | I h Sta | ereby certify that the | is Fee(s) Transmittal is | s being deposited with the Unite for first class mail in an envelop ldress above, or being facsimil a the date indicated below. | | |
| BANK OF AMER | ON STREET, SU | TTF 4000 | ado | ressed to the Mai | Stop ISSUE FEE ad | ldress above, or being facsimil | | |
| CHARLOTTE, N | | 1115 4000 | _ | Evelyn Casey (Depositor's | | | | |
| | | | ۴ | | | (Signature | | |
| | | | - | une 2, 200 | d Carrie | (Date | | |
| | | | | , | | <u> </u> | | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | ł . | ATTORNEY DOCKET | | | |
| 10/573,212 | 10/573,212 09/21/2006 TITLE OF INVENTION: ENDOTOXIN-NONRESPONSIVE MODE | | | | 051009/309226 | 5003 | | |
| | | | | | | | | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSU | E FEE TOTAL FEE(S |) DUE DATE DUE | | |
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 06/08/2009 | | |
| EXAMIN | NER | ART UNIT | CLASS-SUBCLASS | 1 | | | | |
| HAMA, JOANNE | | 1632 | 800-018000 | _ | | | | |
| 1. Change of corresponden | ce address or indicatio | n of "Fee Address" (37 | 2. For printing on the | patent front page, li | it A1. | ton & Bird LLP | | |
| Change of correspondence address or indication of "Fee Address" (3 CFR 1.363). Change of correspondence address (or Change of Corresponden Address form PTO/SB/122) attached. | | | or agents OR, alternatively, | | | | | |
| □ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/4"; Rev 03-02 or more recent) attached. Use of a Custom Number is required. | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 | | | | | |
| 3. ASSIGNEE NAME AN | D RESIDENCE DATA | A TO BE PRINTED ON | THE PATENT (print or ty | pe) | | | | |
| PLEASE NOTE: Unler recordation as set forth | ss an assignee is ident in 37 CFR 3.11. Com | ified below, no assigned pletion of this form is NO | data will appear on the p OT a substitute for filing an | natent. If an assign assignment. | ee is identified below, | the document has been filed for | | |
| (A) NAME OF ASSIG | | | (B) RESIDENCE: (CIT | | | | | |
| Japan Scien | ce and Tech | nology Agency | Kawaguc | hi-Shi, Sa | itama, Japan | 1 | | |
| Please check the appropria | te assignee category or | categories (will not be p | rinted on the patent): | Individual 🖺 🔾 | orporation or other priva | ate group entity Governmen | | |
| 4a. The following fee(s) ar | e submitted: | 4 | ib. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. | | | | | |
| Publication Fee (No small entity discount permitted) | | | Payment by credit card. Form PTO-2038 is attached. | | | | | |
| Advance Order - # of Copies | | | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-0605 (enclose an extra copy of this form). | | | | | |
| 5. Change in Entity Statu | | | 5 | | | | | |
| a. Applicant claims | | | b. Applicant is no lor | | | | | |
| NOTE: The Issue Fee and interest as shown by the re- | Publication Fee (if requords of the United Sta | uired) will not be accepte tes Patent and Trademar | d from anyone other than k Office. | the applicant; a regi | stered attorney or agent | t; or the assignee or other party is | | |
| Authorized Signature | DUSAN | <u></u> | | Date | 2/09 | | | |
| Typed or printed name | W. Murray | Spruill | | Registration N | o. 32,943 | | | |
| This collection of informat an application. Confidentis submitting the completed this form and/or succession | tion is required by 37 C ality is governed by 35 application form to the ns for reducing this bu | FR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will var rden, should be sent to the | on is required to obtain or 1.114. This collection is es y depending upon the indi- ne Chief Information Office | retain a benefit by t timated to take 12: vidual case, Any co er, U.S. Patent and | he public which is to fil ninutes to complete, in- mments on the amount Trademark Office, U.S. | le (and by the USPTO to process cluding gathering, preparing, and of time you require to complete Department of Commerce, P.O. | | |

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.